

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Noel A. Williams**

Mailing Address 3030 N 3rd St

City  
Phoenix

State  
AZ

Zip Code  
85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Vice President of Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

08 / 21 / 2014

Transaction ID : AAF2243CFB2E74BBFBB3

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**B. Ms. Denise G. Williams**

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Manager-East Michigan Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2014

Transaction ID : AE5305F9E05CE40CB869

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Daniel Witt**

Mailing Address 3030 N 3rd St

City  
Phoenix

State  
AZ

Zip Code  
85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 08 / 2014

Transaction ID : A052E9689AAF5401E806

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

535.83

**TOTAL** This Period (last page this line number only)..... ►